

Primary Care Epidemiology and Polypharmacy.

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Introduction

Primary care epidemiology was coined by Mullan in the year 1980. This can be defined as the application of epidemiological principles and its methods to study regarding the health problems which was encountered in primary care by including an etiology, prevention, and diagnosis, and with a view to improving their management.

Polypharmacy is the concurrent use of multiple medications by a patient. It is all most common in the elderly and affecting about 40% of older adults living in their own homes. About 21% of adults with intellectual disability are also exposed to polypharmacy. Coming to the risk of polypharmacy unfortunately, it may produce a negative consequences which are associated with polypharmacy. Specifically, the burden of taking multiple medications has been associated with greater health care costs and an increased risk of adverse drug events (ADEs), drug-interactions, medication non-adherence, and reduced functional capacity.

There are the people with Polypharmacy having with the epidemiology of primary health care team consists of primary, secondary, and tertiary with different primary care team members. This team members will continuously monitor the nature of symptoms, signs or illnesses occurring in the community to the patients. These patients with different adverse drug events and their outcomes include duration, severity and impact of symptoms, signs, or illnesses. This Primary care epidemiology can also include all aspects of primary care management, such as investigations, referrals, and treatments. This explicit may need to study the symptoms and complexes as well as formal diagnoses, and for a community/general population perspective.

Primary care epidemiologists and polypharmacy should maintain with the challenges engaged with the public in their respective work and they can rather develop with their population. Based on the challenges with respective data privacy with appropriate success to the personal and medical data in the primary care. In this case both the primary care and primary research are linked up with the various segments. In many of the countries, recent changes in data protection and its legislation has made epidemiological data collection increasingly difficult that is not almost impossible in some places. Polypharmacy epidemiologists need to engage the work with legislators and to find ways to conduct this works and with the public to ascertain their views on the use of their personal information for medical research. Based on the technology the information of the primary care was completely increased it helps in developing the secure, confidential, data encryption systems, allow large quantities of personal data to be handled anonymously. This linkage of other

information with these data derived from research and routine secondary health care. However, the research needs of clinical information to consider prospectively when designing systems, since retrospective attempts to link data are more complex and may not be successful.

This can be concluded as a polypharmacy can be treated with the accurate medication and medical history, medications that are treating their side effects, and by linking each prescribed medication to a disease state, to produce the Initiate interventions to ensure adherence, and to provide reconcile medications upon any discharge from hospital or skilled nursing facility, and finally by preventing this situation of Drug interactions and their adverse reactions.

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